

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM A-10-875)**

SERIAL NO.

D9648
ABRIL 2004

FILING DATE

8-28-4

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
OTAL ID.	8						TOTAL IND.	
OTAL DEP.	10						TOTAL DEP.	
OTAL LAIMS	18						TOTAL	

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